



STATE OF MONTANA
DEPARTMENT OF CORRECTIONS
YOUTH SERVICES DIVISION

**REQUEST FOR DISCHARGE OF YOUTH FROM
DEPARTMENT CUSTODY AND SUPERVISION**

| | | | |
|---|---|---|--------------------------------------|
| TO: _____, Department of Corrections Director | | DATE: _____ | |
| RE: Youth Name: _____ | | EFFECTIVE DISCHARGE DATE: _____ | |
| Mailing Address: _____ | | DOB: _____ | Youth ID: _____ |
| Youth Court Order # _____ | JD _____ | County: _____ | Commitment Date: _____ |
| Offense: _____ | | Current Status: <input type="checkbox"/> Parole <input type="checkbox"/> Interstate <input type="checkbox"/> PHYCF <input type="checkbox"/> RYCF | |
| Restitution Ordered: <input type="checkbox"/> Yes <input type="checkbox"/> No | Amount Ordered: \$ _____ | Current Balance: \$ _____ | |
| Reason for Discharge: <input type="checkbox"/> Expiration of Commitment Order, Date: _____ | <input type="checkbox"/> EARLY (see attached Justification) | | |
| Per 41-5-205, MCA <input type="checkbox"/> Adult Criminal Conviction | <input type="checkbox"/> OTHER (brief explanation) _____ | | |
| <input type="checkbox"/> Attains Maximum Age, Date: _____ | | | |
| <u>Notifications:</u> | | | |
| Chief Probation Officer: Signature _____ | | Date: _____ | |
| Chief Probation Officer's Comments: _____ | | | |
| | | | |
| Youth Court Judge: _____ | | Date Notified: _____ (attach notification letter) | |
| Judge's Signature: (required for early discharge) _____ | | | |
| Judge's Comments: _____ | | | |
| | | | |
| Summary of Youth's Performance during Supervision and Discharge Program Plan: <i>Training, Work, Education, Treatment, Living Situation, Restitution and Skill Development</i> | | | |
| Youth's Plans upon Discharge: _____ | | | |
| Submitted by: _____ <input type="checkbox"/> Successful <input type="checkbox"/> Unsuccessful | | | |
| Facility Caseworker/Case Manager or Juvenile Parole Officer _____ | | | |
| Approved by: _____ | | | |
| Superintendent/Bureau Chief _____ | | Date _____ | |
| <input type="checkbox"/> APPROVED | <input type="checkbox"/> DISAPPROVED | <input type="checkbox"/> APPROVED | <input type="checkbox"/> DISAPPROVED |
| Comments: _____ | | Comments: _____ | |
| | | | |
| Administrator _____ | Date _____ | Director _____ | Date _____ |
| Orig Youth _____ | | | |
| cc: Youth Court Judge, Juvenile Probation, Juvenile Parole, PHYCF or RYCF, YCC file, RAO, Interstate Compact (if appropriate) | | | |